ARMY FLEET SUPPORT

October 15, 2004

Mr. Samuel P. Houston 4765 Coronado Circle Crestview, FL 32539 Badge# 014332

Dear Mr. Houston,

Our records indicate you are on a medical leave of absence effective 09/03/04. Therefore you are being transferred to the Inactive Department for the period you are receiving Short Term Disability (STD) benefits. Before you return to work you must provide a written release from your doctor to Personnel which specifies any restrictions applicable to you.

To ensure no interruptions in the receipt of your STD benefits, a completed Supplementary Report must be submitted to Personnel, 234 Donnell, Daleville, every 30 days (Bargaining Unit Employees refer to CBA Article 5.3).

To ensure no interruptions in coverage, your monthly premiums must be made payable to AFS and submitted to Personnel, P.O. Box 620309, Ft. Rucker, AL, 36362-0309 by the 25th of the preceeding month for which the premium is due. Any premiums not paid by the 10th of the month for which they are due will be subject to a deduction from leave accruals.

PLEASE NOTE: Your initial payment of \$ 81.21 is due immediately. This payment is for insurance benefits through the month of October

Health Insurance:		\$	
Vision Insurance:		\$	8.34
Dental Insurance:		\$	42.13
Optional Life (Employee):		\$	5.38
Optional Life (Dependent):		\$	6.33
Personal Accident Insurance:		\$	4.00
Monthly Premium Due:		_	
(Beginning Nov. payable 25th of prior)	nonth):	\$	66.18

Please call 334-598-0413 if you have any questions. We wish you a speedy recovery.

Thank you,

Lisa M. Beasley

Lisa M. Beasley Human Resources Representative

Original:

Employee

Copy:

Disability File

Sam Houston v. L3 Communications 023